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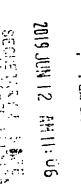
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INHS18 (2/14)

Registration Section

Division of Corporations Thomas Malkasian Insurance Agency LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Thomas Malkasian Name of Person Thomas Malkasian Insurance Agency LLC Firm/Company 1000 W. McNab Rd. #160 Address Pompano Beach, FL 33069 City/State and Zip Code bmalkasian1@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Thomas Malkasian Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section **Registration Section** Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: **■** \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	time of the limited liability company:	mas Malkas	sian Insura	ince Agency LLC.	
2. (a)	1000 W. McNab Rd. #160		(b) 1000 W. McNab Rd. # 160		
<i>.</i> (u)	Principal office address of limited liability of (Note: MUST BE STREET ADDRE		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Pompano Beach, FL 33069		Por	npano Beach, FL 33069	
	04/13/2018		L180	000093831	
3.	Date of filing/registration in Flori	da	4.	Document number	
5. (a)	Bret T. Malkasian				
	Registered Agent and Registered Office shown on t	of State:			
	1000 W. McNab Rd. # 160 Pompano Beach, FL 33069				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			NOT SECURE	
		. FL		72	
	, t L,				
(b)	Thomas Malkasian				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
				, , , , , , , , , , , , , , , , , , ,	
	NEW Registered Office Address:				
	1000 W. McNab Rd. #160				
	Pompano Beach	, FL_3:	3069		
the cha agent w was/we	inge or changes are made, the Florida street will be identical. Or, in the case of a Florid	address of the a limited liable members of t	e registered llity compan he limited li nited liabilit	of Florida, it is hereby confirmed that after office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in cy company. Malkasian	
Signa	ture of a member or authorized representative of a me	ember		Printed or typed name of signee	
provisi the obl to mere	by accept the appointment as registered agonous of all statutes relative to the proper an igations of my position as registered agent ely reflect a change in the registered officed in writing of this change.	ent and agree d complete pe as provided f address, I hei	to act in thi erformance c or in Chapte rehy confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed a that the limited liability company has been	
Signatu	re of Registered Agent				